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UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s) : Ibert C. Wells
Serial No. : 10/053,669
Filing Date : January 24, 2002
Title : METHOD FOR DETECTING DEFICIENT CELLULAR
MEMBRANE TIGHTLY BOUND MAGNESIUM FOR DISEASE
DIAGNOSES
Group Art Unit : 1644
Examiner : Szperka, Michael Edward
Confirmation No. : 1066
Atty. Docket No. : N1427-0005 (800812-0004)

AMENDMENT AND RESPONSE
TO RESTRICTION REQUIREMENT

MS AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the Office Action mailed July 16, 2004, please enter the amendments and response
to restriction requirement contained on the following pages:

Amendments to the claims begin on page 2 of this paper.

Remarks/arguments begin on page 6 of this paper.

08/25/2004 GDUCKETT 00000011 194409 10053669

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Certificate of Mailing Under 37 C.F.R. 1.8

I hereby certify that this correspondence is being deposited with the
United States Postal Service with sufficient postage as first class mail
in an envelope addressed to MS AMENDMENT, Commissioner for
Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

Date: August 9, 2004

Signature: Lora Gurley

Printed Name: Lora Gurley

The Director is hereby authorized to charge
any additional amount required, or credit any
overpayment, to Deposit Account No.
19-4409.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

U 1427-005

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	*
INDEPENDENT CLAIMS	3 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY
TYPE ☐ OR

OTHER THAN
SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL	370	OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 24	Minus	** 20 = 4
	Independent	* 3	Minus	*** 3 =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR

OTHER THAN
SMALL ENTITY

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	72
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	72

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
	Independent	*	Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
	Independent	*	Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI-TIONAL FEE	OR	RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.